

<b>Case Number:</b>	CM15-0189380		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old male who sustained a work-related injury on 4-7-11. Medical record documentation on 5-8-15 revealed the injured worker was being treated for post fracture of the left leg-ankle and post-surgical (10-17-12) hardware removal. The injured worker reported persistent ankle pain and leg pain. He had difficulty at the end of his work day. He was fatigued and had pain with prolonged weight-bearing activities. He had exhausted his conservative treatment and his pain persisted. Objective findings included an antalgic gait. He had an anterior drawer test which was positive on the left. He had tenderness to palpation over the left calf, peroneus longus, peroneus brevis and Achilles tendon. Handwritten medical record documentation on 1-6-15, 2-6-15 and 9-15-15 was difficult to decipher. On 9-18-15 the Utilization Review physician determined a request for chiropractic therapy of the left leg and left ankle one visit as an outpatient was not medically necessary based on California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Chiropractic Treatment of the Left Leg 1 Visit as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic pain in the left leg and ankle, status post fracture of the left leg-ankle and post-surgical hardware removal. Previous treatments include medications, surgery, physical therapy, chiropractic. Although evidences based MTUS guidelines do not recommend chiropractic treatment for knee, leg, and ankle, the claimant has had chiropractic treatment previously with no evidences of functional improvement. Base on the guidelines cited, the request for chiropractic treatment is not medically necessary.

**Chiropractic Treatment of the left ankle 1 visit as an outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** The claimant presented with chronic pain in the left leg and ankle, status post fracture of the left leg-ankle and post-surgical hardware removal. According to the available medical records, the claimant has had chiropractic treatment previously for the left ankle. Reviewed of the evidences based MTUS guidelines show chiropractic treatment is not a recommended treatment for chronic ankle pain. Base on the guidelines cited, the request for chiropractic treatment is not medically necessary.